

South Dakota Internal Review Collection Form					Type - Y (Compliance), N (Error), N/A (Not applicable, not an option)	Y	N	N/A	Section Percentage
March 31, 2019 Version									
School District:	School Name:	School Year:	Date of Review:	Staff Reviewed:	Notes/Findings:				
Student Name:	SIMS Number:	Date of Birth:	Disability Code:	Reviewer Name:					
Current IEP Date:	Current Eval Date:	Age:	Grade:	Initial or Reeval:					
Subsection Title and Corresponding ARSD Links		Yellow boxes are prompts for information.	<input checked="" type="checkbox"/> Use checkboxes to help record findings.		Voided space and/or clarifying information.	Be sure to mark only one box per row.		"N/A" may be appropriate for certain sections.	
Record of Access					Y	N	N/A	N/A	
Record of Access (24:05:29:15)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Referral					Y	N	N/A	N/A	
Referral Document (initial only) (24:05:24:01)	Date of referral:	The top two spaces are available to type in.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	List all areas of referral:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If referral can not be found and is older than three years, N/A is appropriate.									
Initial Placement					Y	N	N/A	N/A	
Consent Signed for Initial Placement into Special Education (24:05:27:04:01)		Date Signed:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(The Consent Signed for Initial Placement into Special Education form is a separate document. In the past, it may have been found at the end of the IEP.)									
Evaluation					Y	N	N/A	N/A	
Initial Evaluation (24:05:25:02:01)	Date Sent:	Use the most recent evaluation.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Consent was acquired for initial evaluation.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reevaluation (24:05:25:06:01)	If consent was not given by the parent for reevaluation, evidence of attempts were made to elicit parent.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parent Input into Evaluation (24:05:25:16)	Parent input must be documented in the PPWN Consent on input exiting data and upcoming evaluation. (refer to phone logs, progress notes, prior notice)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Procedural Safeguards (24:05:30:06:01)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Extension on 25 Day Timeline (24:05:25:03)	Documented agreement with parent and district on new extension date. Document agreement and extended to date. "N/A" is acceptable.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Content of Prior Written Notice/ Consent for Evaluation (24:05:30:05)	Check:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Explanation of why the district proposed or refused to take the action <input type="checkbox"/> Description of other options considered and why they were rejected <input type="checkbox"/> Description of evidence used for the proposed or refused action <input type="checkbox"/> Description of other factors that are relevant to proposal or refusal								
	All components should be completed and have a clear description.								
Timeline of Prior Written Notice/ Consent for Evaluation (24:05:25:03)	Date sent:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Date signed:								
	Date received:								
	25 school days:								
	30 calendar days:								
	Extension on 25 day:								
Evaluations to be Completed by the District per Parental Prior Written/Consent for Evaluation (24:05:25:04:02)	List areas:	Test administered:	Test date:	Evaluator:					

					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Existing Evaluation Data to be Pulled Forward (24:05:25:04.02)</a>	List areas:	Test administered:	Test date:	Evaluator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Skills Based Assessment and Report (24:05:25:04.02)</a>	List areas:	Test administered:	Test date:	Evaluator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Consent Received (24:05:25:03)</a>	Consent received date:		Check "N" if dates are outside of "consent received" and/or "25 school days".		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Earliest testing date:							
	Latest testing date:							
	Within 25 School Days:		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<a href="#">All Evaluations Administered (24:05:25:20)</a>	All evaluations marked on the PWWN/Consent for Evaluation form must be administered.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Consent was Acquired (24:05:25:06.01)</a>	All evaluations administered must be requested on the PWWN/Consent for Evaluation form.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Variety of Sources (24:05:25:04)</a>	Appropriate means to provide evaluations for accurate data were used.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Met Requirements for the Disability (24:05:25:04)</a>	Comprehensive Evaluations in all areas required for the disability.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Eligibility within 30 Calendar Days (24:05:25:03)</a>	Day 26 was on:		Eligibility meeting date should be within the 30 days established above.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Eligibility meeting date:							
<a href="#">Student Eligible for Special Education (24:05:25:04.03)</a>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Three Year Re-Evaluation (24:05:25:06)</a>	Current reevaluation date:		Should be within three years of the last reevaluation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Previous evaluation date:							
<a href="#">Evaluated to Dismiss from Services</a>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Eligibility Document for Specific Learning Disability		Y	N	N/A	N/A
If student is not eligible for Specific Learning Disability, skip this section.					
<a href="#">Specific Learning Disabilities</a> <a href="#">(24:05:24.01:19)</a>	Check:				
	<div> <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Math Calculation </div> <div> <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Math Problem Solving </div> <div> <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Listening Comprehension </div> <div> <input type="checkbox"/> Written Expression <input type="checkbox"/> Oral Expression </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For <a href="#">Initial Determination of Eligibility Only</a>					
<a href="#">Initial Eligibility</a> <a href="#">(24:05:24.01:19)</a>	Written report must include:				
	<div> <input type="checkbox"/> Student achieves adequately <input type="checkbox"/> Lack of appropriate instruction </div> <div> <input type="checkbox"/> Student exhibits pattern of strengths &amp; weaknesses <input type="checkbox"/> Observation of the student </div> <div> <input type="checkbox"/> Student was provided appropriate instruction in regular education settings by qualified personnel <input type="checkbox"/> Relevant medical findings (if any) </div> <div> <input type="checkbox"/> Repeated assessment of achievement reflecting student progress <input type="checkbox"/> Achievement level problem is/is not primarily the result of another factor (e.g. emotional disturbance, cognitive impairment, etc.) </div> <div> <input type="checkbox"/> Attendance record <input type="checkbox"/> Adverse effect on educational performance </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For <a href="#">Reevaluation of Eligibility Only</a>					
<a href="#">Reevaluation of Eligibility</a> <a href="#">(24:05:24.01:19)</a>	Written report must include:				
	<div> <input type="checkbox"/> Student achieves adequately <input type="checkbox"/> Achievement level problem is/is not primarily the result of another factor (e.g. emotional disturbance, cognitive impairment, etc.) </div> <div> <input type="checkbox"/> Student exhibits pattern of strengths &amp; weaknesses <input type="checkbox"/> Adverse effect on educational performance </div> <div> <input type="checkbox"/> Observation of the student </div> <div> <input type="checkbox"/> Relevant medical findings (if any) </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Team Member Signatures</a> <a href="#">(24:05:25:08)</a> <a href="#">&amp; Conclusions</a> <a href="#">(24:05:25:13)</a>	Check:				
	<div> <input type="checkbox"/> Parent <input type="checkbox"/> Special Education Teacher </div> <div> <input type="checkbox"/> General Education Teacher <input type="checkbox"/> LEA Representative </div> <div> <input type="checkbox"/> Qualified interpreter of results <input type="checkbox"/> If disagreed - Written input was provided </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Meeting Notice				Y	N	N/A	N/A
<a href="#">Meeting Notice</a> (24:05:30:02.01) (24:05:25:16)	Date sent:		From this point on use the current IEP's documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Meeting date:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Procedural Safeguards</a> (24:05:30:06.01) (24:05:30:06.02)	Must be given to parents annually.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">IEP Team Membership</a> (24:05:27:01.01) (24:05:25:16)	Check:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Student (when appropriate) <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent (no exception for Initial) <input type="checkbox"/> LEA Representative <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Agency Invited <input type="checkbox"/> Qualified interpreter of results <input type="checkbox"/> Other: _____ <div style="text-align: right;">(specify other)</div>						
<a href="#">Prior to Meeting</a> (24:05:27:01.05)	Team member excused:		If there was no need for a team member to be excused, check "N/A" for the subsection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Consent date:						
	Written input provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If marked yes, the above section can be marked yes. The parent must sign the excusal form prior to the meeting.							
Individual Education Plan (Use the most recent IEP.)				Y	N	N/A	N/A
<a href="#">Evaluation Reports Given to Parents</a> (24:05:25:04.03)	Evidence the parent received a copy of the reports (e.g. initials on the front page IEP or other evidence).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Copy of IEP Given to Parents</a> (24:05:25:19)	Evidence copy of the IEP was given to parents (e.g. initials on the front page, addressed in PPWN, or other evidence).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Met Annually</a> (24:05:27:08)	Current annual review date:		Should be within one year of the last IEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Previous annual review date:						
Present Levels of Academic Achievement & Functional Performance				Y	N	N/A	N/A
<a href="#">Progress/Involvement in General Education Curriculum</a> (24:05:27:01.03)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parent Input				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Present Levels of Academic Achievement &amp; Functional Performance Linked to Annual Goals</a> (24:05:27:01.03)	Skill Area:		Measurable Goal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Strengths <input type="checkbox"/> Needs <input type="checkbox"/> Link to evaluation		<input type="checkbox"/> Condition <input type="checkbox"/> How well <input type="checkbox"/> Performance <input type="checkbox"/> How often				
	Skill Area:		Measurable Goal:				
	<input type="checkbox"/> Strengths <input type="checkbox"/> Needs <input type="checkbox"/> Link to evaluation		<input type="checkbox"/> Condition <input type="checkbox"/> How well <input type="checkbox"/> Performance <input type="checkbox"/> How often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Skill Area:		Measurable Goal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Strengths <input type="checkbox"/> Needs <input type="checkbox"/> Link to evaluation		<input type="checkbox"/> Condition <input type="checkbox"/> How well <input type="checkbox"/> Performance <input type="checkbox"/> How often				
Skill Area:		Measurable Goal:					
<input type="checkbox"/> Strengths <input type="checkbox"/> Needs <input type="checkbox"/> Link to evaluation		<input type="checkbox"/> Condition <input type="checkbox"/> How well <input type="checkbox"/> Performance <input type="checkbox"/> How often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<a href="#">How Progress will be Measured</a> (24:05:27:01.03)	Check:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Reporting frequency <input type="checkbox"/> Extent of progress <input type="checkbox"/> Reporting method						
<a href="#">Accommodations/Modifications</a> (24:05:27:01.03)	Check:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Location						

Special Factors			Y	N	N/A	N/A
<a href="#">Considerations</a> <a href="#">(24:05:27:01.02)</a>	Select for each:	Determine if data supports the selection for each special factor; if not addressed, check "N" for score.				
		Limited English proficient				
		Special communication needs				
		Requires Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Behavior impedes learning				
		Requires assistive technology & services				
		Physical education				
		Hearing aid maintenance				
<a href="#">State/District Assessments</a> <a href="#">(24:05:27:01.03)</a>	Students will be taking state and district-wide assessments:					
	<input type="checkbox"/> With accommodations <input type="checkbox"/> Without accommodations	Testing accommodations must reflect instructional accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Alternate Assessments</a> <a href="#">(24:05:27:01.03)</a>	The following must be met:					
	<input type="checkbox"/> Student meets the significant cognitive disability criteria <input type="checkbox"/> Explanation for why student cannot participate in the regular assessment <input type="checkbox"/> Explanation for why the alternate assessment selected is appropriate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The alternate assessment is for students working in the alternate achievement standards. Annual goals and short term objectives are required.						

Transition				Y	N	N/A	N/A
Indicator 13 Item 1							
<a href="#">Transition IEP*</a> (24:05:27:01.03)		Transition IEP must be in effect for all students on their 16 birthday or for younger students if it is addressed in the IEP. *This is not on the Indicator 13 checklist, but it is a compliance requirement.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Transition Assessments</a> (24:05:27:01.03)		<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		The transition assessment must be completed prior to the age of 16 and updated annually. Evidence of transition strengths/ needs are document on the PLAAFPs.					
Transition Evaluation Report*		A transition evaluation report is located in the file. *This is not on the Indicator 13 checklist, but it is a compliance requirement.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicator 13 Item 2							
<a href="#">Age-Appropriate Measurable Post-Secondary Goals</a> (24:05:27:01.03)		<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Indicator 13 Item 3							
MPSGs Updated Annually				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicator 13 Item 4							
<a href="#">Course of Study Aligns to Post-Secondary Goals</a> (24:05:27:01.03)		<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Completed by age 16, or younger if transition has been addressed in the IEP, and updated annually through graduation or 'age out'.					
Indicator 13 Item 5							
<a href="#">Transition Services/Activities</a> (24:05:27:13.02)		<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Services/activities will reasonably enable the student to meet post-secondary goals and have at least one activity per MPSG addressed.					
Indicator 13 Item 6							
<a href="#">Annual Goal Related to Student's Transition Service needs in</a> (24:05:27:13.02)		<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Annual goals are linked to the MPSGs.					
Indicator 13 Item 7							
<a href="#">Student Invitation/Participation</a> (24:05:25:16.01)		How the student invited?	<input type="checkbox"/> Meeting notice <input type="checkbox"/> Individual student invite		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If student was not in attendance at the meeting, the IEP should show evidence that student's preferences and interests were taken into account.					
Indicator 13 Item 8							
<a href="#">Consent to Invite Outside Agency</a> (24:05:25:16.01)		Consent to invite:		List of agencies invited:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Invited on meeting notice:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
		Meeting notice date:					
		Date of IEP:					
Other Transition Areas							
<a href="#">Transfer of Parental Rights:</a> (24:05:30:16.01)		Turned 17 on:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Rights reviewed on:					
<a href="#">Specific Graduation Requirements:</a> (24:05:27:12)		Graduation requirements addressed on:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Student is to graduate:					
<a href="#">When Student has Graduated</a> (24:05:27:12)		Written prior notice was sent:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		When a student graduates, it is a change in placement. It must have a written prior notice sent. If student has "aged-out", a PPWN is required.					
<a href="#">Summary of Performance was provided to the Student/Parent/Guardian</a> (24:05:27:12)		Summary of Performance (SOP) is required for students who graduated and aged out. A copy of the SOP should remain in the file.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Related Services				Y	N	N/A	N/A
<a href="#">Related Services</a> (24:05:27:16)	Service Provided:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Frequency <input type="checkbox"/> Location <input type="checkbox"/> Duration <input type="checkbox"/> Other						
	Service Provided:						
	<input type="checkbox"/> Frequency <input type="checkbox"/> Location <input type="checkbox"/> Duration <input type="checkbox"/> Other						
Least Restrictive Environment				Y	N	N/A	N/A
<a href="#">Configuration of Services</a> (24:05:27:01.03)	Skill area:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Location						
	Skill area:						
	<input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Location						
	Skill area:						
	<input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Location						
	Skill area:						
<a href="#">Continuum of Placement</a> (24:05:28:02)	Select:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Select for Early Childhood (Ages 3-5):						
<a href="#">Participation with Non-disabled Peers</a> (24:05:28:01)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Justification for Placement</a> (24:05:28:03)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Extended School Year</a> (24:05:25:26)	Check:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Determination <input type="checkbox"/> Beginning/end dates <input type="checkbox"/> Goals <input type="checkbox"/> Amount of service						
Prior Parental Written Notice				Y	N	N/A	N/A
<a href="#">Prior Written Notice Sent to Parent Regarding IEP Implementation</a> (24:05:30:04)	Date Sent:			<input type="checkbox"/> 5 day waiver was initialed/dated.	<input type="checkbox"/>	<input type="checkbox"/>	
	Date services begin:						
	If dates are incorrect, check "N".						
<a href="#">Content of PPWN</a> (24:05:30:05)	Check:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Explanation of why the district proposed or refused to take the action						
	<input type="checkbox"/> Description of other options considered and why they were rejected						
	<input type="checkbox"/> Description of evidence used for the proposed or refused action						
			<input type="checkbox"/> Description of other factors that are relevant to proposal or refusal				

Amendment to IEP				Y	N	N/A	N/A
Amendment to IEP (24:05:27:08.01) (24:05:27:08.02)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prior Notice (24:05:30:04)	Document if the amendment was made with or without a meeting.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Items				Y	N	N/A	N/A
Parent Declined/ Withdrew Consent for Services	Revocation signed:		(24:05:27:04.02)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Date prior notice was sent:						
Surrogate Parent				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer Students Provided with FAPE/Comparable Services	Date prior notice was sent:		In-state (24:05:27:15.01) Out-of-state (24:05:27:15.02)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Eligibility determination date:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer Students Evaluated for South Dakota Eligibility	IEP date:						
	PPWN Implementing IEP sent:						